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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Verified and Acknowledged	/MAHER M HADDAD/ Examiner's Signature	Initials		JAPAN	19	22	5

ADDRESS

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TITLE

Humanized Anti-Cd47 Antibody

FILING FEE RECEIVED 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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